

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 7  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00624817         </div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>INTERNATIONAL UNION OF OPERATING ENGINEERS</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 03 / 2016</div> </div>		
Mailing Address 1125 17TH ST NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2015.37</div>		
City WASHINGTON	State DC	Zip Code 20036	<b>Transaction ID : SE.4875</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 03 / 2016</div> </div>		
Purpose of Expenditure Canvassing Salary & Benefits		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate DRISKELL, GRETCHEN, , ,		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">18515.92</div>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: MI			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶					

Full Name of Payee <b>INTERNATIONAL UNION OF OPERATING ENGINEERS</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 03 / 2016</div> </div>		
Mailing Address 1125 17TH ST NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1372.10</div>		
City WASHINGTON	State DC	Zip Code 20036	<b>Transaction ID : SE.4876</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 03 / 2016</div> </div>		
Purpose of Expenditure Canvassing Salary & Benefits		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate HASSAN, MARGARET WOOD, , ,		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">15052.46</div>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: NH			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶					

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3387.47</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HICKEY, BRIAN, E, Mr.,

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11 / 04 / 2016

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624817
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2016</b>
Mailing Address <b>1125 17TH ST NW</b>		Amount <b>9802.85</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036</b>
Purpose of Expenditure Canvassing Salary & Benefits	Category/Type <b>001</b>	Transaction ID : <b>SE.4877</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2016</b>
Name of Federal Candidate <b>CLINTON, HILLARY, RODHAM, ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>416135.35</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>
Mailing Address <b>1125 17TH ST NW</b>		Amount <b>2015.37</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036</b>
Purpose of Expenditure Canvassing Salary & Benefits	Category/Type <b>001</b>	Transaction ID : <b>SE.4882</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>
Name of Federal Candidate <b>DRISKELL, GRETCHEN, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought <b>20744.17</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>11818.22</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HICKEY, BRIAN, E, Mr.,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 7  
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NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624817
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>
Mailing Address <b>1125 17TH ST NW</b>		Amount <b>1372.10</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036</b>
Purpose of Expenditure Canvassing Salary & Benefits	Category/Type <b>001</b>	Transaction ID : <b>SE.4883</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>
Name of Federal Candidate <b>HASSAN, MARGARET WOOD, ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought <b>16637.44</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>
Mailing Address <b>1125 17TH ST NW</b>		Amount <b>9802.85</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036</b>
Purpose of Expenditure Canvassing Salary & Benefits	Category/Type <b>001</b>	Transaction ID : <b>SE.4884</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>
Name of Federal Candidate <b>CLINTON, HILLARY, RODHAM, ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>430768.04</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>11174.95</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HICKEY, BRIAN, E, Mr.,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624817
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>LANDMARK STRATEGIES</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2016</b>
Mailing Address <b>8741 CENTER RD</b>		Amount <b>3348.46</b>
City <b>SPRINGFIELD</b>	State <b>VA</b>	Zip Code <b>22152</b>
Purpose of Expenditure <b>Live Calls</b>	Category/Type <b>004</b>	Transaction ID : <b>SE.4878</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2016</b>
Name of Federal Candidate <b>CLINTON, HILLARY, RODHAM, ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>420224.50</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>THOMPSON RYER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2016</b>
Mailing Address <b>2120 L Street, NW, #305.</b>		Amount <b>106.44</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20037</b>
Purpose of Expenditure <b>Door Hangers</b>	Category/Type <b>004</b>	Transaction ID : <b>SE.4879</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2016</b>
Name of Federal Candidate <b>DRISKELL, GRETCHEN, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought <b>18622.36</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>3454.90</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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*HICKEY, BRIAN, E, Mr.,**[Electronically Filed]*

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**11 / 04 / 2016**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624817
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>THOMPSON RYER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2016</b>
Mailing Address 2120 L Street, NW, #305.		Amount <b>106.44</b>
City Washington	State DC	Zip Code 20037
Purpose of Expenditure Door Hangers	Category/ Type <b>004</b>	Transaction ID : <b>SE.4880</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2016</b>
Name of Federal Candidate HASSAN, MARGARET WOOD, ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		<b>15158.90</b>

Full Name of Payee <b>THOMPSON RYER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2016</b>
Mailing Address 2120 L Street, NW, #305.		Amount <b>740.69</b>
City Washington	State DC	Zip Code 20037
Purpose of Expenditure Door Hangers	Category/ Type <b>004</b>	Transaction ID : <b>SE.4881</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2016</b>
Name of Federal Candidate CLINTON, HILLARY, RODHAM, ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		<b>416876.04</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>847.13</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HICKEY, BRIAN, E, Mr.,

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**11 / 04 / 2016**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624817
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>THOMPSON RYER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2016</b>
Mailing Address 2120 L Street, NW, #305.		Amount 106.44
City Washington	State DC	Zip Code 20037
Purpose of Expenditure Door Hangers	Category/ Type 004	Transaction ID : SE.4885 Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>
Name of Federal Candidate DRISKELL, GRETCHEN, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MI
Calendar Year-To-Date Per Election for Office Sought 18728.80		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>THOMPSON RYER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>
Mailing Address 2120 L Street, NW, #305.		Amount 106.44
City Washington	State DC	Zip Code 20037
Purpose of Expenditure Door Hangers	Category/ Type 004	Transaction ID : SE.4886 Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>
Name of Federal Candidate HASSAN, MARGARET WOOD, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NH
Calendar Year-To-Date Per Election for Office Sought 15265.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	212.88
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HICKEY, BRIAN, E, Mr.,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 7 OF 7  
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NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624817
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>THOMPSON RYER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>
Mailing Address 2120 L Street, NW, #305.		Amount <b>740.69</b>
City Washington	State DC	Zip Code 20037
Purpose of Expenditure Door Hangers	Category/ Type <b>004</b>	Transaction ID : <b>SE.4887</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>
Name of Federal Candidate CLINTON, HILLARY, RODHAM, ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
		<b>420965.19</b>

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>740.69</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>31636.24</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HICKEY, BRIAN, E, Mr.,

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